

Frank A. Baylis

Town

Stickstrom

County

Worcester

MARYLAND

Died at

Month

Day

Y. M. D.

Native of

Occupation

Date 1903

June 27

Age 26 3 11

Widow

Widower

Divorced

Farmer

Male

White

Married

Female

Colored

Single

Number of children living

Husband of

wife

Bertha Blades (Marryans) Bratton

Father's

Name

William R Baylis

Mother's

Maiden Name

Cause of

Primary

Typhoid fever

How long sick

61 days

Death

Immediate

Intestinal hemorrhage

Accident, Suicide, Homicide

Reported by

John &amp; Diessman M.D.

Address

Stickstrom

Worcester Co MD

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

Jelma Fern Bonneville  
Giddletree

CERTIFICATE OF DEATH

MARYLAND

Died at	Town	County	
Date of death 1903	Month June	Day 15-	Years
Sex Female	Color or Race White	Age	Months 5-
Married Single or Widowed	Occupation	Birth-place	Days 29
Name of Wife or Husband			
Father's Name	James Bonneville	Father's Birthplace	Picomoke
Mother's Maiden Name	Florence Collins	Mother's Birthplace	Giddletree
Name of person giving information	James Bonneville	How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Geo. Coliphis  
Convulsions

How long

About 1 week

Immediate

105

How long

36 hours.

Are the name, age, sex, color, date and place correctly given above?

Signature of  
Physician

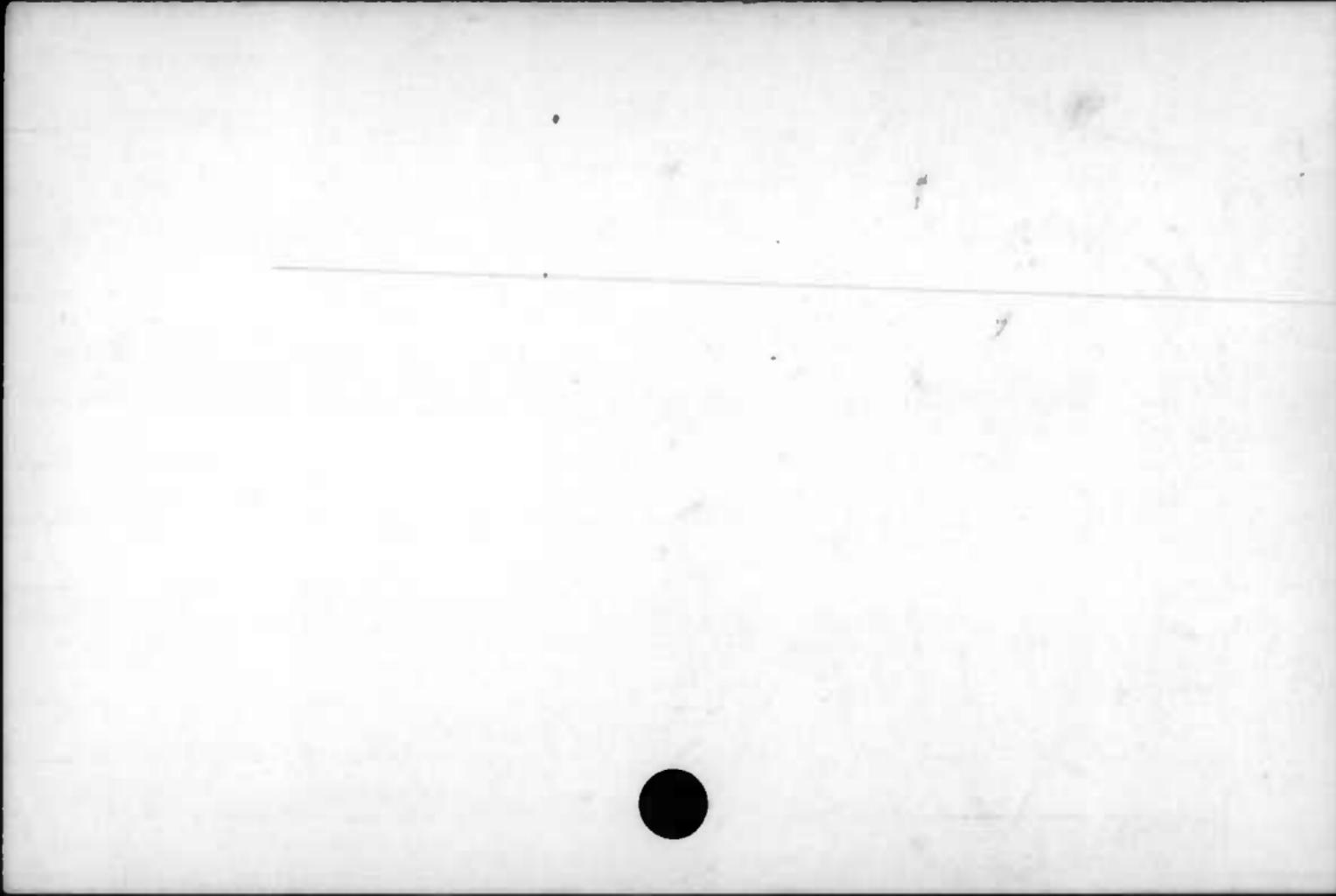
Address

C. S. Bunnin M.D.

Giddletree

Orcster Co.

Accident or Suicide?



Name  
in  
Full

Harry E. Laffin

CERTIFICATE OF DEATH

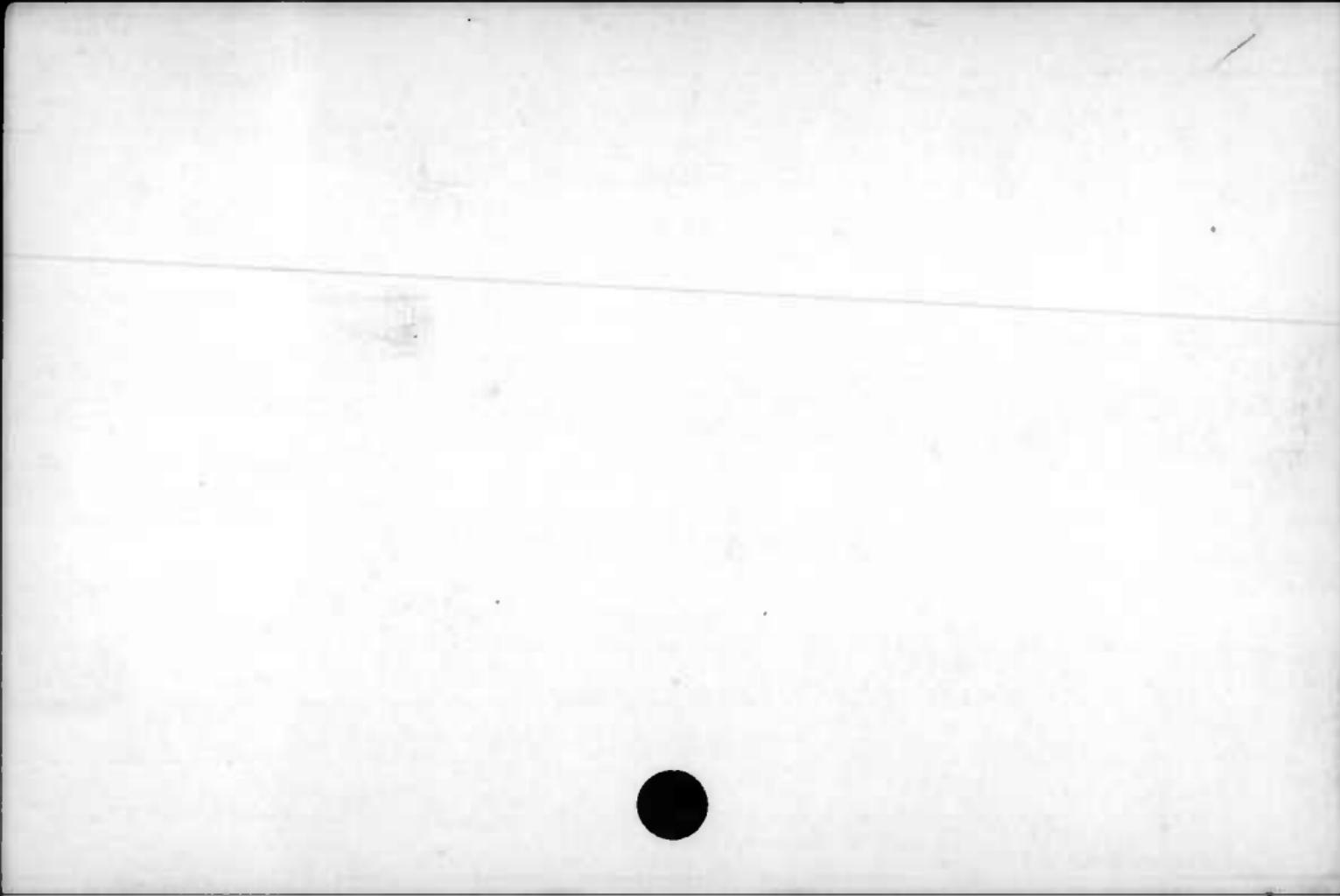
TO BE ANSWERED BY  
NEAREST FRIEND

Died at Berlin		Town		County		MARYLAND	
Date of death 1903	Month June	Day 11	Years 13	Months 8	Days —		
Sex Male	Color or Race white	Occupation —		Birth-place Berlin			
Married, Single or Widowed							
Name of Wife or Husband							
Father's Name	Asher M. Laffin				Father's Birthplace	Berlin	
Mother's Maiden Name	Louise Stepleman				Mother's Birthplace	Berlin	
Name of person giving information	Asher Laffin				How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Diabetes Insipidus		How long	12 months
Immediate	Cystitis & Nephritis		How long	10 days
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician		C. W. Laffin	
Yes	Address		Berlin Md	
Accident or Suicide?				



Name  
in  
Full

Mariie Duncan

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>New Bernards City - Worcester</u>				County	MARYLAND	
Date of death 1903	Month June	Day 10	Years Age 80	Months	Days	
Sex Female	Color Black				Birth- place	<u>Virginia</u>
Married, Single or Widowed	Occupation <u>Mother</u>					
Name of Wife or Husband						
Father's Name <u>Don't know</u>				Father's Birthplace	<u>Don't know</u>	
Mother's Maiden Name <u>Harris Langis</u>				Mother's Birthplace	<u>" "</u>	
Name of person giving Information <u>Henry Rock</u>				How related to deceased	<u>Son</u>	

Welborn, MD  CAUSES OF DEATH

PHYSICIAN  
OR CORONER  
9

Primary <u>old age</u>	How long <u>15</u>
Immediate <u>Heart Failure</u>	How long <u>6 months</u>

Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	Address [Redacted]
Accident or Suicide?	



Name  
in  
Full

Robt Henry Maltius Hargis  
Poconoke City - Worcester

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1903	Month June	Day 27	Years	Months	Days
Sex	Boy	Color or Race	Age	Birth-place	Poconoke City
Married, Single or Widowed	Single		Occupation	None	
Name of Wife or Husband	Mary H. Hargis				
Father's Name	W. H. Hargis		Father's Birthplace	Worcester	
Mother's Maiden Name	Mary H. Long		Mother's Birthplace	Worcester	
Name of person giving Information	Mary H. Long		How related to deceased		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Dont know	How long	2 months
Immediate	Dont know	How long	2 ..
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Murie
		Address	
Accident or Suicide?			



Name  
in  
Full

Charles Holloway

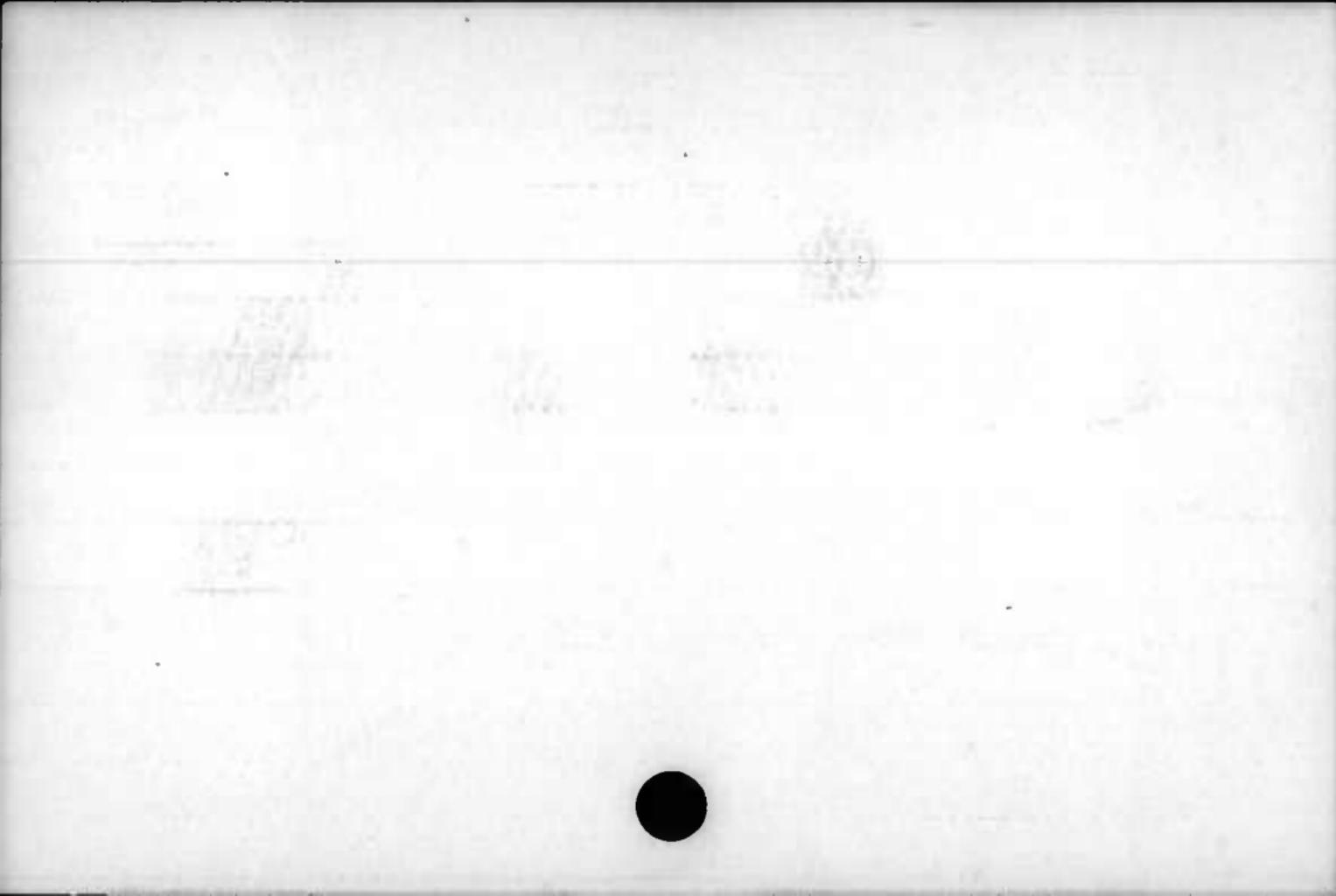
## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND9  
PHYSICIAN  
OR CORONER

Died at	Town	County	MARYLAND		
Date of death 190	Month	Day	Years	Months	Days
3	6	5	26	about	
Sex	Color or Race	Birth-place			
Male	White				
Married, Single or Widowed	Occupation				
Name of Wife or Husband	Farmer				
Father's Name	Father's Birthplace				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving information	How related to deceased				

## CAUSES OF DEATH

Primary	Typhoid fever		How long
Immediate	Diabetes Insipidus		20 days.
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician Address		
Ella Holland			
Accident or Suicide?			



Name  
in  
Full

Edward Johnson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

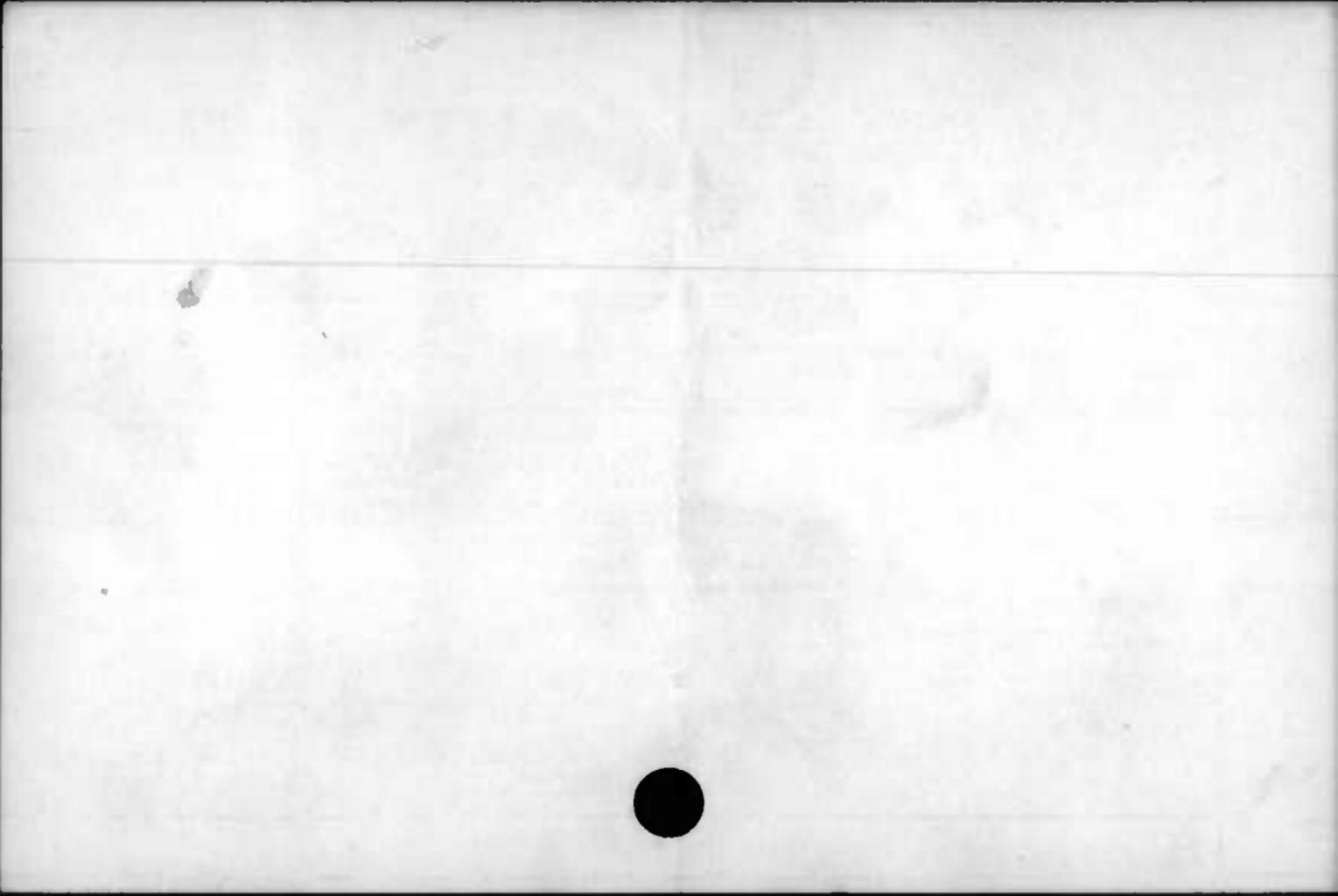
Died at	Town	County	MARYLAND		
Date of death 190	Month	Day	Years	Months	Days
Sex	Male	Color or Race	Age	80	Birth-place
Married, Single or Widowed	Gedover		Occupation	Not any	
Name of Wife or Husband					
Father's Name	Father's Birthplace				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving information	How related to deceased				

CAUSES OF DEATH

Primary	Chronic Parenchymatous hepatitis	How long	About one year
Immediate	Gallbladder of heart.	How long	3 months.
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	C. B. Bunnin
Address	100 Bunninwood, Hagerstown Co.		
Accident or Suicide?			

PHYSICIAN  
OR CORONER

9



Name  
in  
Full

Martha Elizabeth Lewis

CERTIFICATE OF DEATH

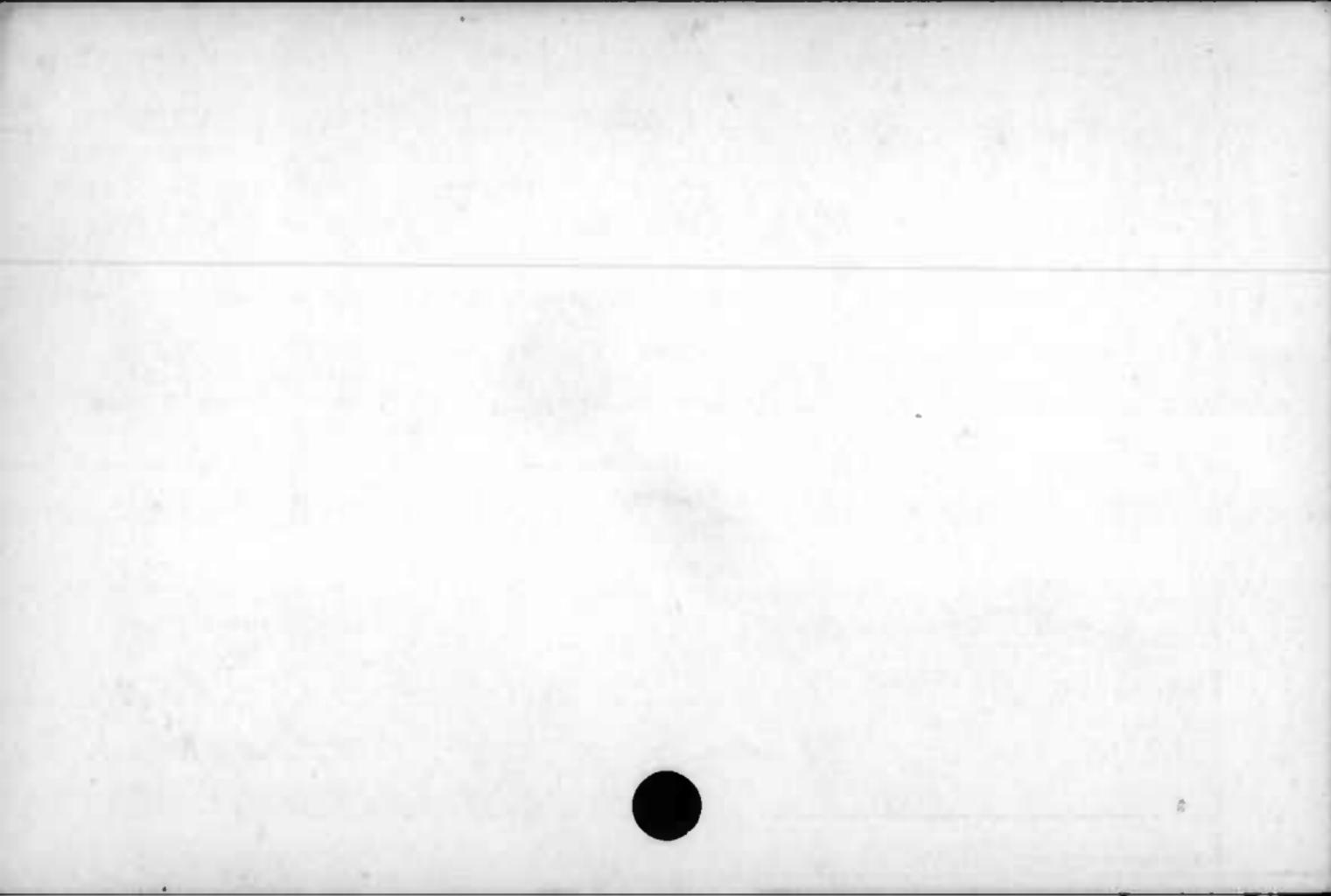
TO BE ANSWERED BY  
NEAREST FRIEND

Town	Pocomoke City Md			County	Worcester	
Date of death 1903	Month June	Day 17	Years 2	Months 8	Days 7	
Sex Female	Color or Race	White			Birth- place	Pocomoke City Md
Married, Single or Widowed	Occupation					
Name of Wife or Husband						
Father's Name	Henry J. Lewis			Father's Birthplace	Pocomoke City	
Mother's Maiden Name	Mary G. Dafford			Mother's Birthplace	Worcester Co. Md	
Name of person giving Information	Mary G. Lewis			How related to deceased	Mother	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Scrofulous	7	How long	7 Days
Immediate	Enteritis	7	How long	2 Days
Are the name, age, sex, color, date and place, correctly given above?	Yrs	Signature of Physician	O. H. Haile	
		Address	Pocomoke City Md	
Accident or Suicide?				



Name  
in  
Full

Fred Holloland. Loris

CERTIFICATE OF DEATH

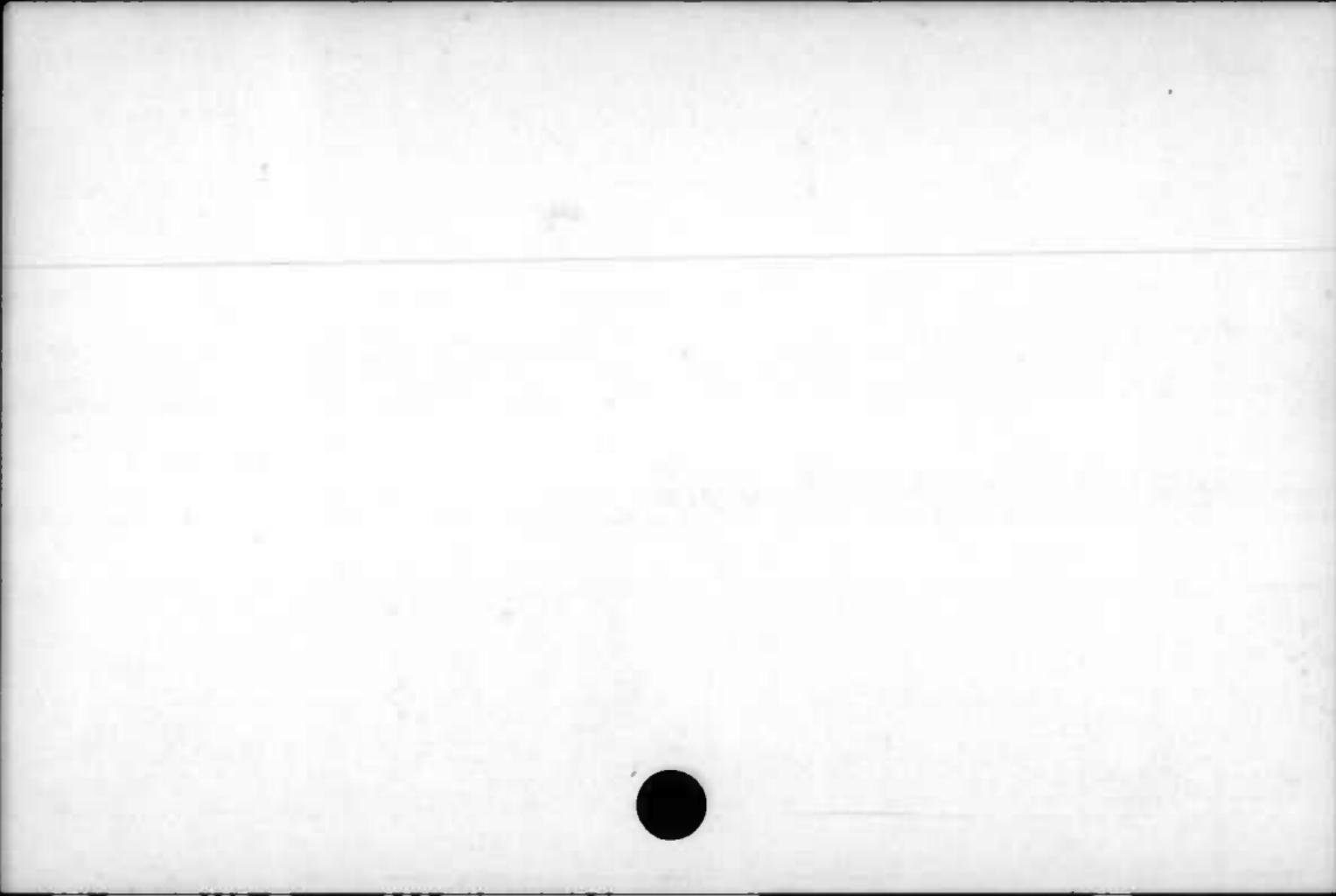
TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town		County		MARYLAND		
Berlee	Berlee		Hagerstown				
Date of death 1903	Month 6	Day 18	Age —	Years —	Months 10	Days 24	
Sex Male	Color or Race		white		Birth- place	Berlee	
Married, Single or Widowed			Occupation				
Name of Wife or Husband							
Father's Name	Rufus Lones				Father's Birthplace		
Mother's Maiden Name	Louise —				Mother's Birthplace		
Name of person giving Information			14		How related to deceased		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Dysentery	How long	1 week
Immediate	Acute Hydrocephalus	How long	2 days
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	E Holloland	
	Address	Berlee	
Accident or Suicide?		Md	



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Blasenice E McDaniel

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Date of death	1903	Month Jun	Day 21	Years	Months 20	Days
Sex	Male	Color or Race	white	Birth-place	Potomoke City	
Married, Single or Widowed			Occupation			
Name of Wife or Husband						
Father's Name	Frederick McDaniel			Father's Birthplace	Potomoke City	
Mother's Maiden Name	Eola M Outeiro			Mother's Birthplace	Worcester Co	
Name of person giving Information	Frd McDaniel			How related to deceased	Father	

CAUSES OF DEATH

Primary

Cholera infantum & Congestive malacia

How long

2 Weeks

Immediate

Central Congestive

How long

2 days

Are the name, age, sex, color, date and place correctly given above?

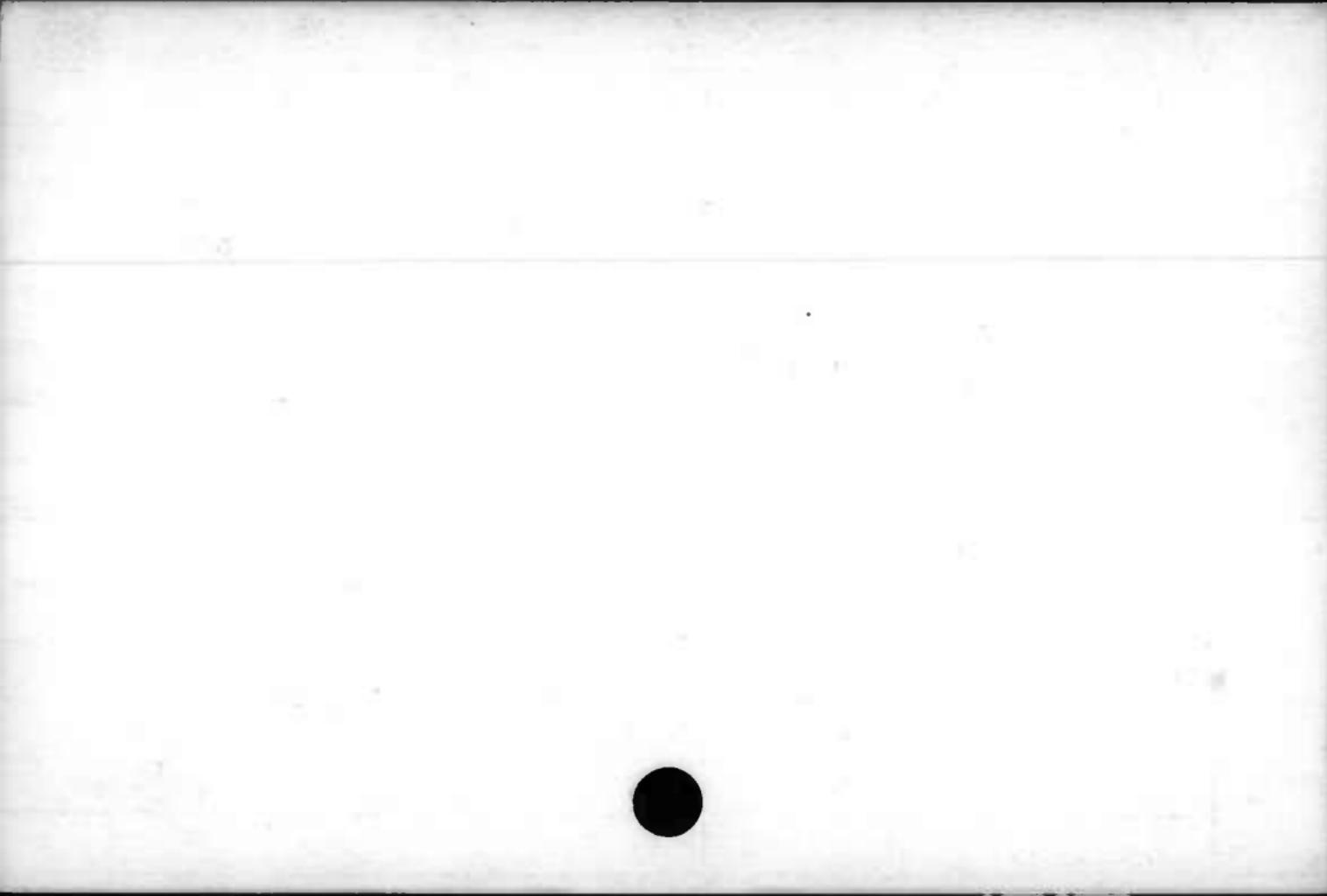
Yes

Signature of Physician

Address

Sagul S. Lund  
Potomoke City, Md

Accident or Suicide?



Name  
in  
Full

Mrs. R. B. Mc Phail

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death 1903	Month	Day	Years	Months	Days		
3 June	28	79	1	21			
Sex	Female	Color or Race	White	Birth- place	Virginia		
<del>Married</del> or Widow		Occupation					
Name of Wife or Husband		Rev. Mc Phail					
Father's Name		Peter White		Father's Birthplace		va	
Mother's Maiden Name		—		Mother's Birthplace		va	
Name of person giving Information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	tuberculosis	How long	2 yrs
Immediate	*	How long	

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

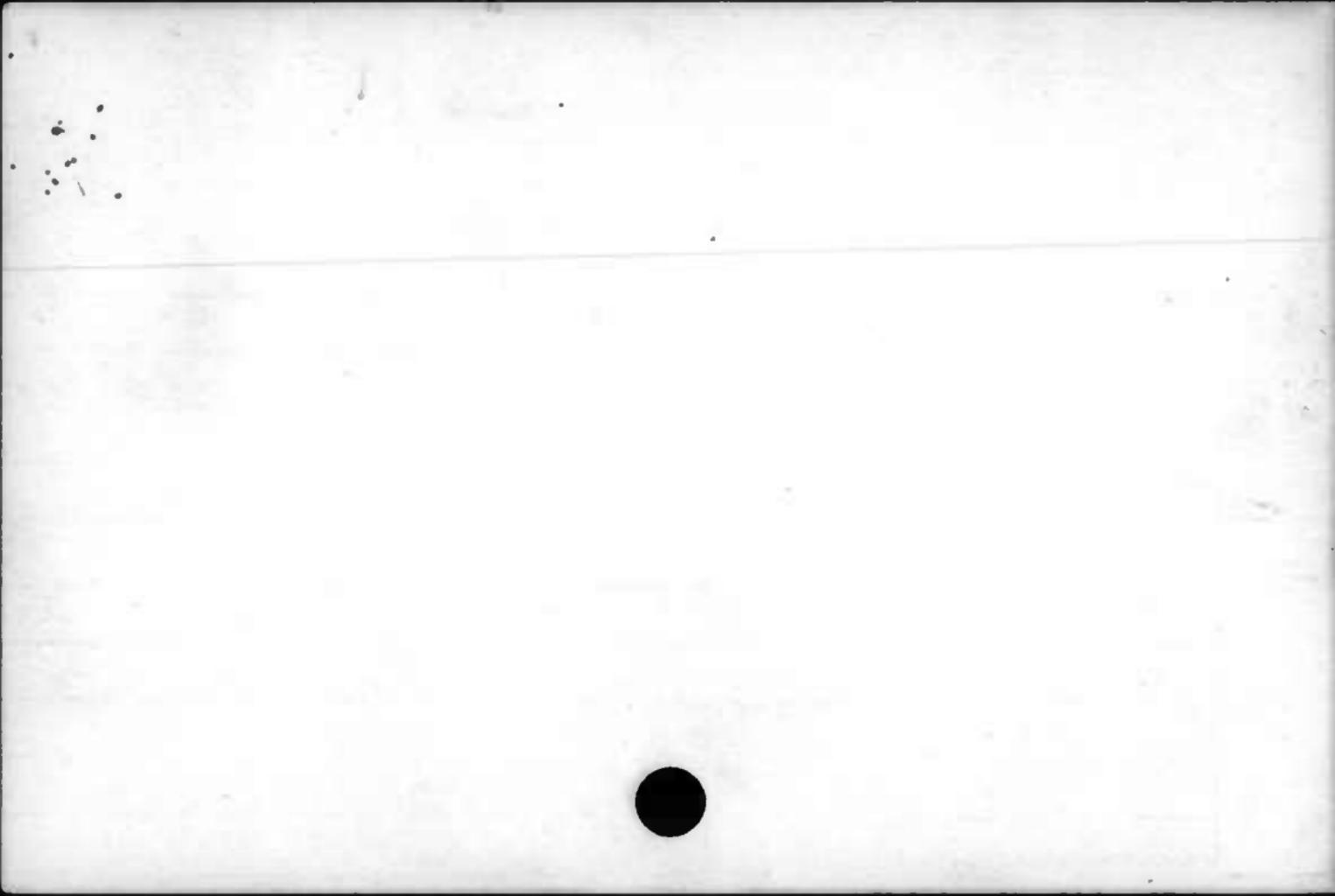
Pam Jones MD

Snow Hill

MD

Accident or Suicide?

no



Name  
in  
Full

Martha L Mapp

CERTIFICATE OF DEATH

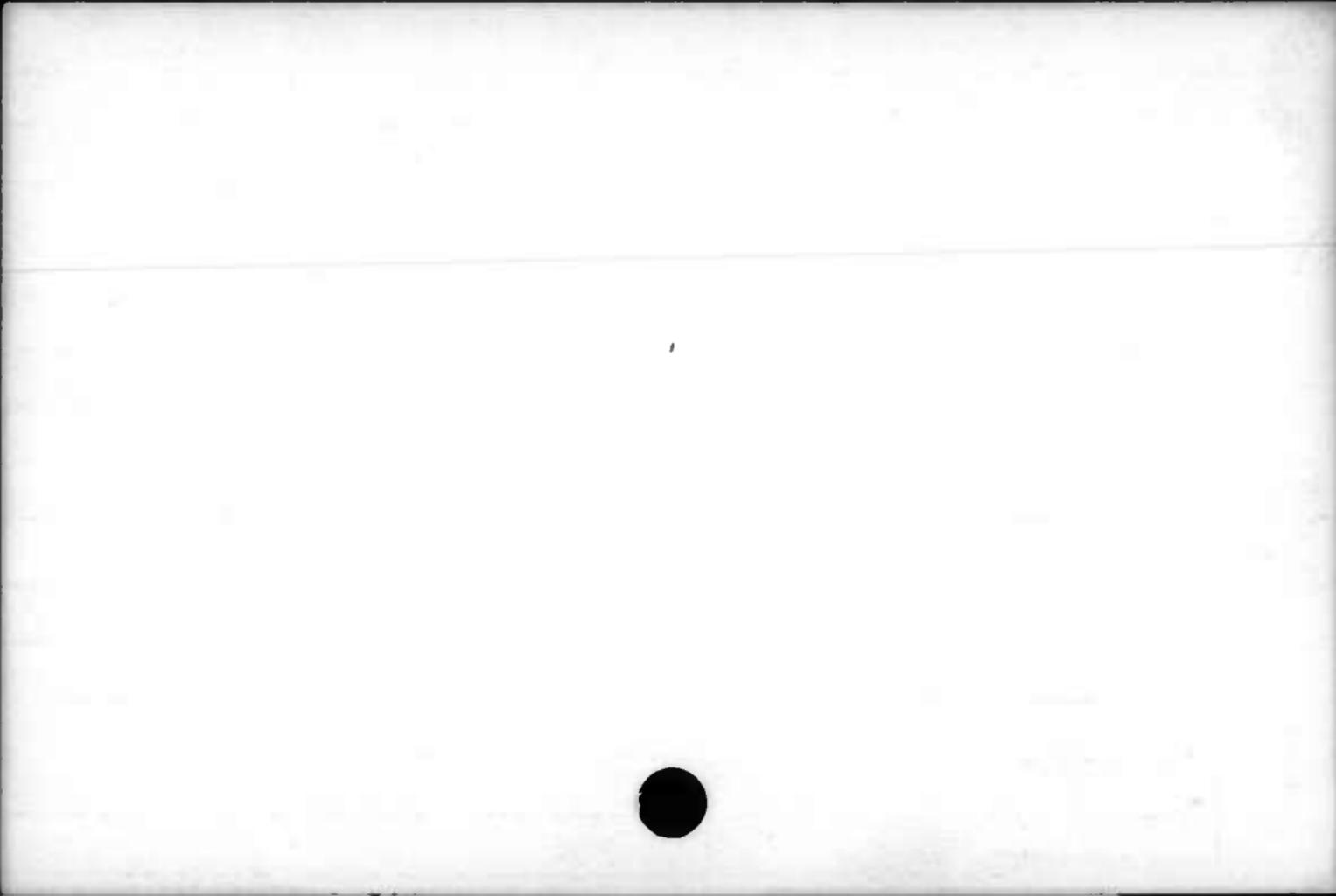
TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1903	Month Jun	Day 12	Years 52	Months 9	Days
Sex Female	Color or Race White	Birth-place Accomack Va			
Married, Single or Widowed Widow	Occupation Domestic				
Name of Wife or Husband Widow					
Father's Name Duer				Father's Birthplace Va	
Mother's Maiden Name Don't know				Mother's Birthplace "	
Name of person giving information B J Melvin				How related to deceased Son in law	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Indigestion	↓	How long Years
Immediate Malaria & exhaustion		How long two weeks
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician	Saul S. Tuvin
	Address	Patowmke city Md
Accident or Suicide?		



Name  
in  
Full

Adelie Purcell

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death 1903	Month 6	Day 9	Age 22	Years —	Months —	Days —	
Sex female	Color or Race Blk	Occupation		Worcester			
Married, Single or Widowed	Married	House wife					
Name of Wife or Husband	G ro Purcell						
Father's Name			Father's Birthplace				
Mother's Maiden Name			Mother's Birthplace				
Name of person giving Information	Bill Dunham		How related to deceased				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Typh' Consumption.

How long

One year

Immediate

27-11

How long

Are the name, age, sex, color, date  
and place correctly given above?

yes

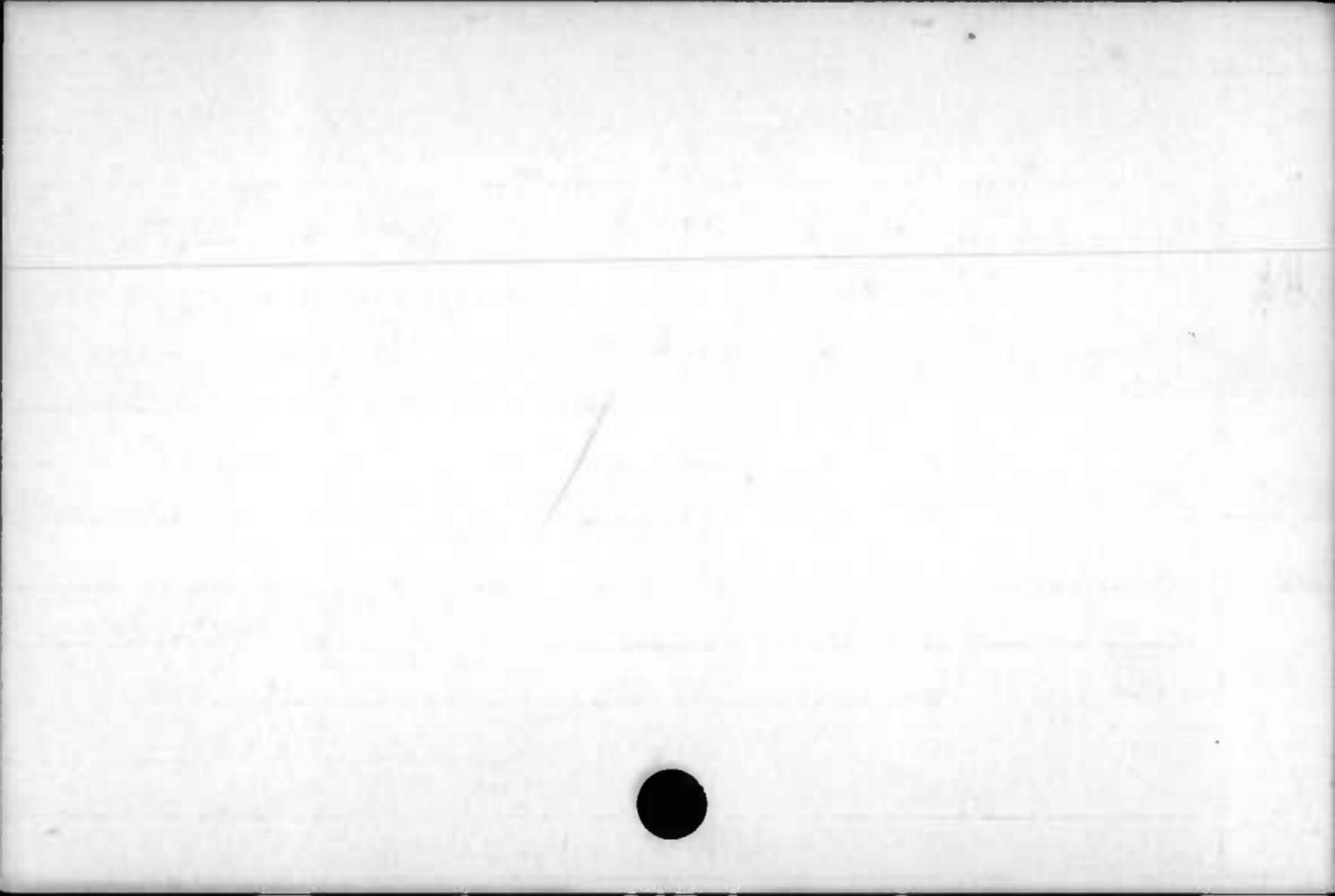
Signature of  
Physician

Address

E Holland  
Berlin

Mo

Accident or Suicide?



Name  
in  
Full

Effer P. Purnell

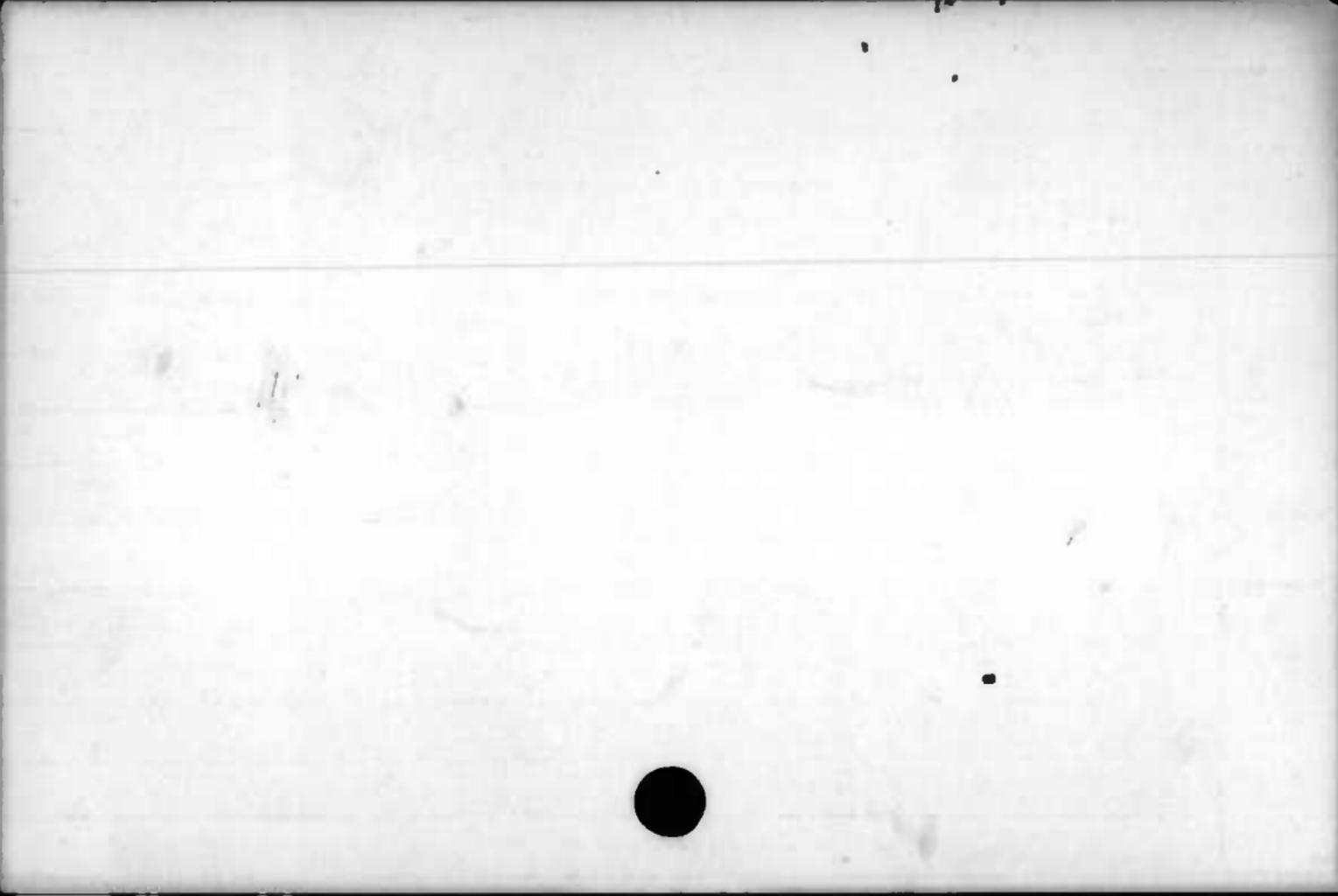
CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at 914 Wesley		Town Worcester		County — Worcester		MARYLAND	
Date of death 1903	Month June	Day 1	Years 11	Age 11	Months 1	Days 1	
Sex Female	Color or Race color	Occupation House Wif		Birthplace 914 Wesley			
Married, Single or Widowed Married							
Name of Wife or Husband Geo B. Purnell							
Father's Name Henry P. Purnell					Father's Birthplace Worcester		
Mother's Maiden Name Mary A. Purnell					Mother's Birthplace Worcester		
Name of person giving Information Maggie S. Smith					How related to deceased Sister		

CAUSES OF DEATH

Primary Consumption	27	How long 7 month
Immediate n.		How long 6. Days
Are the name, age, sex, color, date and place correctly given above? yes.	Signature of Physician Truman S. Williams	
Address Brookville		
Accident or Suicide? no.		



Name  
in  
Full

**CERTIFICATE OF DEATH**

TO BE ANSWERED BY  
NEAREST FRIEND

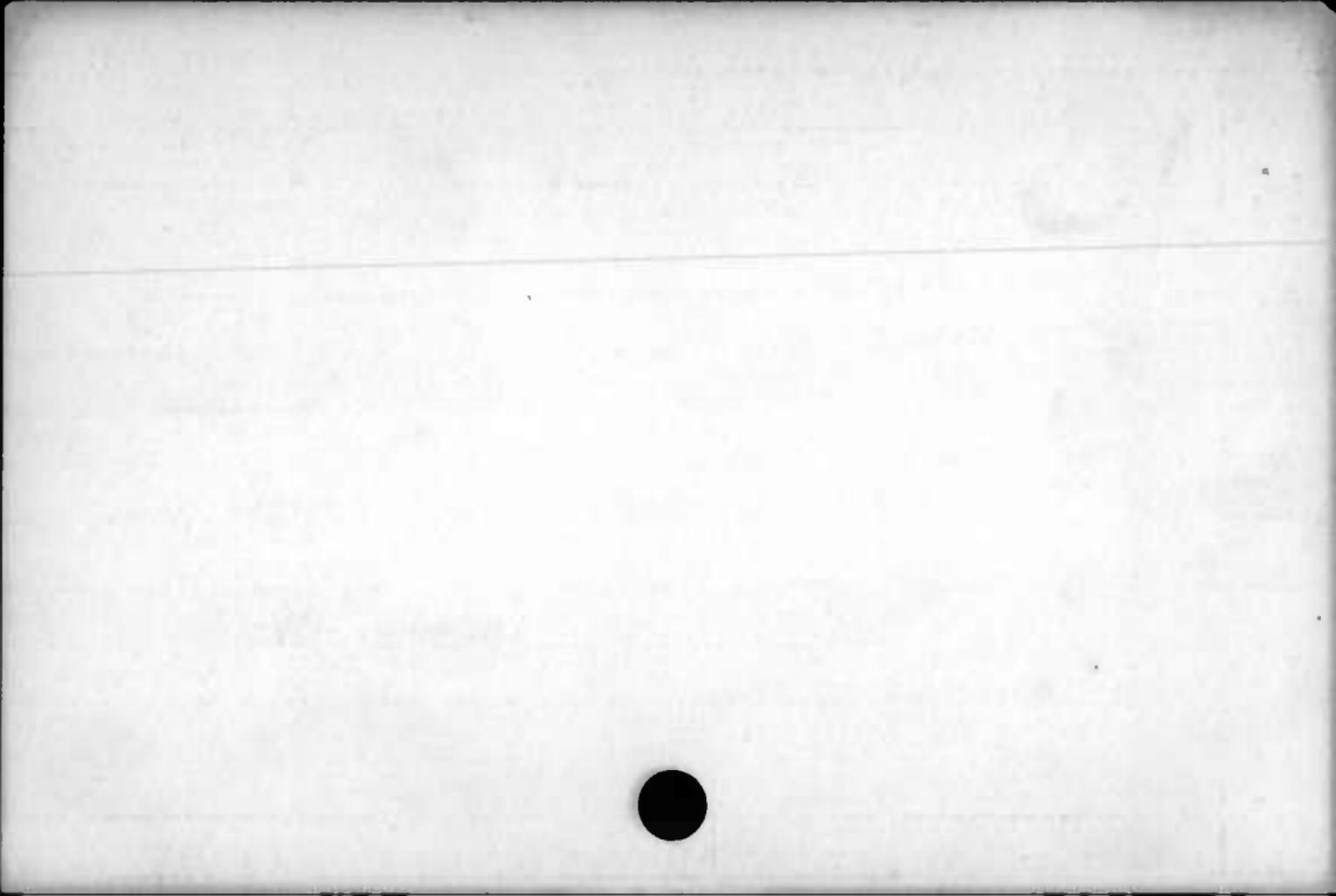
## NEAREST FRIEND

Died at <u>Near Poconos, Pa., Worcester</u>			County <u>Worcester</u>	MARYLAND	
Date of death 1903	Month <u>June</u>	Day <u>28</u>	Years	Months	Days
Age	<u>7</u>				
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Near Poconos</u>			
Married, Single or Widowed <u>—</u>	Occupation				
Name of Wife or Husband <u>—</u>					
Father's Name <u>Chas. Stowomb</u>	Father's Birthplace <u>Acwoma</u>				
Mother's Maiden Name <u>Mary Schoolfield</u>	Mother's Birthplace <u>Worcester</u>				
Name of person giving Information	How related to deceased				

## CAUSES OF DEATH

**PHYSICIAN  
OR CORONER**

Primary	Encephalitis	How long
Immediate	Exhaustion	2 days How long
Are the name, age, sex, color, date and place correctly given above?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		Signature of Physician Address
Accident or Suicide?		



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Maria Marguerite Tarr  
Giddetts

CERTIFICATE OF DEATH

MARYLAND

Died at		Town	County			
Date of death	1903	Month 6	Day 11	Years 0	Months 8	Days 11
Sex	Female	Color or Race	White		Birth-place	Maryland
Married, Single or Widowed	—	Occupation				
Name of Wife or Husband	—					
Father's Name	Geo. Tarr				Father's Birthplace	Maryland
Mother's Maiden Name	Lizzy Remond				Mother's Birthplace	Maryland
Name of person giving Information	Geo. Tarr				How related to deceased	Father

CAUSES OF DEATH

Primary	Tubercular meningitis		How long	About 3 weeks
Immediate	Convulsion		How long	few hours.
Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician	C. S. Remond, M.D.
	Giddetts		Address	Maryland Co.
Accident or Suicide?				

